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## **14. ABSTRACT**

### **Tanzania Peoples Defense Forces HIV/AIDS Program, a Workplace Prevention Program in Progress**

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#### **Context**

The Tanzania Peoples Defense Forces (TPDF) serves 35,000 servicemen and thousands of civilians living in the vicinity of eight military hospitals. Through PEPFAR funding, the U.S Department of Defense (DOD) contracted PharmAccess International (PAI) in 2006 to support TPDF HIV/AIDS programs. TPDF, in collaboration with PAI, has developed a workplace program to stem the spread HIV/AIDS in its ranks. The Policy is based on HIV/AIDS workplace strategies in the private sector,

#### **Approach**

Military institutions share many features of a private company, including a hierarchy of functions, investment in training and responsibility for the health status of staff. As in any workplace model, the TPDF program includes a comprehensive package of preventive measures, peer education, access to counseling and testing, and care and treatment. TPDF has introduced HIV/AIDS education in the curricula of all its training institutions. Higher cadre staff has been trained to become peer educators while managers, health staff, trainers and others are involved as implementers and supportive colleagues. The top-down command structure of the military is used to provide prevention messages among the services men and women. All officers play a role in this effort. Following President Kikwete's' declaration that HIV/AIDS is one of the top priorities for the TPDF, TPDF leadership developed a Policy that encourages HIV-testing and protects the position of HIV<sup>+</sup> personnel in the military.

#### **Outcomes and challenges**

Dedicated IEC and life-skills materials have been developed for the military over the past fifteen months. Training of 480 peer educators is ongoing. Health care workers have been trained, 8 hospitals have been renovated and its laboratories have been equipped. Collaboration with community support group to accomplish a continuum of care has been initiated. More than 10,000 person s have been screened for HIV AIDS in the last 12 months, 4,000 pregnant women have been tested for PMTCT, with a stark increase in testing after the renovations. Almost 4,000 patients receive ARVs today. A taskforce of commanders and lawyers has written an HIV/AIDS Policy stipulating that HIV testing is a mandatory part of the annual physical exam for all servicemen and women. Ratification of the Policy is expected in Q4 2007. Implication of the policy is that all TPDF hospitals and health centers need to be prepared to provide treatment, as more servicemen and women will test positive. Detailed budgets have been allocated to each hospital and a financial management system has been put in place that guarantees that allocated funds are used for planned activities.

#### **Recommendations**

A workplace program is an effective tool in implementing a comprehensive HIV/AIDS program, not only for private companies but also for uniformed forces. A clearly stated HIV/AIDS policy that calls for an annual HIV test and protection of the employment of HIV positive personnel is central to reducing infections and stigma in the military. A sound financial management system must be put in place to guarantee proper use of resources.

**PEPFAR /DOD/ PAI /TPDF**

**Annual Progress Report  
for Award W81XWH-06-1-0351**

**February 2006 – September 2007**

**October 31, 2007**

**G.Haverkamp,  
Program Director**

**PharmAccess**  
FOUNDATION

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## **ACCRONYMS**

ABC	Abstinence, Be Faithful and Consistent Condom Use
AIDS	Acquired Immunodeficiency Syndrome.
ARV	Anti-retroviral
CDF	Chief of the Defence Forces
CT	Counseling and Testing
CTC	Care and Treatment Center
C&T	Care & Treatment
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MCH	Maternal and Child Health
MOHSW	Ministry of Health and Social Welfare
NACP	National AIDS Control Program
NCTP	National Care and Treatment Plan
NGO	Non Governmental Organization
OI	Opportunistic Infection
OPTO	Operation and Training Officer
PAI	PharmAccess International
PEPFAR	Presidents Emergency Program on AIDS Relief
PITC	Provider Initiated Testing and Counseling
PMTCT	Prevention of Mother to Child Transmission
PLWHA	People living with HIV/AIDS
RCH	Reproductive Child Health
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infections
TB	Tuberculosis
TPDF	Tanzania Peoples Defence Forces
USMHRP	US Military HIV Research Program
VCT	Voluntary Counseling and Testing

## **1. PREFACE**

The PEPFAR/DOD/PAI/TPDF HIV/AIDS Program is organized as an implementation program not a research project. This report is a descriptive report and may not fulfill all Research Technical Reporting Requirements as indicated on the U.S. Army Medical Research and Material website.

A Report on the reconstruction and refurbishment of 8 military hospitals will be sent with the hard copy of this Report.

## **2. INTRODUCTION**

The Tanzania Peoples Defence Forces (TPDF) started its HIV/AIDS activities with an HIV prevention campaign in 2002 and with counseling and testing and HIV/AIDS care and treatment services at four military hospitals in 2003. With a workforce of 30,000 military and 30 to 50 servicemen dying per month HIV/AIDS had become a serious problem in the army at that time. The start of the TPDF HIV/AIDS Program was funded by Global Fund and by the Ministry of Defence. Free HIV/AIDS care and treatment services were initially provided to military personnel and dependents only.

PharmAccess' collaboration with TPDF started in 2003 with a feasibility study on care and treatment services in resource-poor settings. Roche and GlaxoSmithKline provided free ARVs for 100 civilian AIDS patients in this pilot program at Lugalo Hospital (see Annex 1, Profile PharmAccess International).

In 2004 the Ministry of Health and the National AIDS Control Program (NACP) selected Lugalo, the National Military Referral Hospital, as one of the 32 hospitals to start the National Care and Treatment Plan. Through this Program ARVs were provided for free to both military and civilian patients.

After one year of preparations, DOD and PAI signed the PEPFAR FY05 contract for a comprehensive TPDF HIV/AIDS Workplace Program in February 2006. The Program has three main objectives:

- a. to keep TPDF personnel free from HIV/AIDS from recruitment till retirement.
- b. to provide care and support to people living with HIV/AIDS (PLWHA) who are in service, and to people living in the vicinity of the TPDF hospitals,
- c. to minimize discrimination and stigmatization of PLWHA.

The FY05 Program has five components:

1. HIV/AIDS Prevention,
2. VCT in Mbalizi, Mwanza, Mzinga, Mirambo, Songea, Monduli and Bububu military hospitals
3. PMTCT in Mbalizi, Mwanza, Mzinga military hospital
4. Care and treatment services in Mbalizi and Mwanza military hospital
5. The development of a TPDF HIV/AIDS Policy.

Funds FY05 became available per June 2006 and implementation started thereafter. In August 2007 DOD agreed to extend the FY05 budget-period until September 2007. FY05 activities thus cover the period February 2006 – September 2007.

Lugalo Hospital was supported by PEPFAR/USAID/Deloitte/ FHI from April 2004 until October 2006. From then on Lugalo Hospital and three of its satellite sites became part of the PEPFAR/ DOD/PharmAccess program, under the PEPFAR Regionalization plan

The DOD-PAI FY06 contract was signed in February 2007. The FY06 Program thus overlaps with the FY05 Program from February 2007 - September 2007.

The FY06 program has the following major components:

1. HIV/AIDS prevention,
2. Counseling and testing in Lugalo, Mbalizi, Mwanza, Mzinga, Mirambo, Songea, Monduli and Bububu military hospitals eight military hospitals
3. PMTCT in these eight military hospitals
4. Care and treatment services in these eight military hospitals
5. HIV/AIDS-TB harmonization in these eight military hospitals.

The FY05 and FY06 Program components overlap except that the Development of an HIV/AIDS Policy is not budgeted for FY06 and that HIV/AIDS-TB harmonization is new to the Program under FY06. FY06 activities are ongoing.

### Overlap in FY05 and FY06 activities and budgets

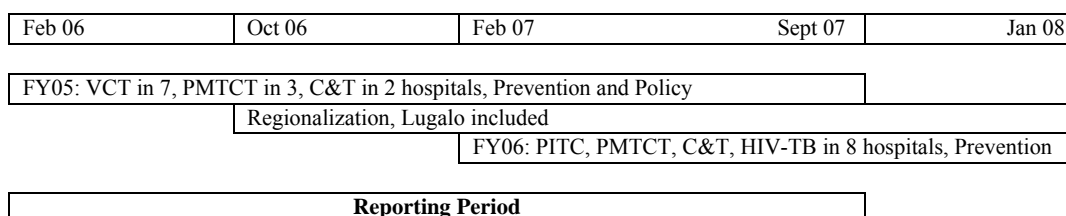


Fig. 1

Major shifts in the planning of the FY05 and FY06 activities took place shortly after the start of FY05 Program in June 2006. Planning of the DOD/PAI/TPDF Program had started after assessments of all military hospitals in Q2 and Q3 of 2005. Assessments showed that the capacity for HIV/AIDS services was far below the minimum criteria as defined by the MOH in all seven hospitals. Given these conditions and given the limitations set by the FY05 budget, it was originally planned to start ARV services only in Mbalizi and Mwanza under FY05 and to start ARV services in Mzinga, Monduli, Mirambo and Songea Military hospital under FY06 funding.

Mbalizi, Mwanza, Mzinga, Monduli, Mirambo and Songea Hospital were, however, selected by the MOHSW to participate in the National Care and Treatment Plan to provide ARV services, starting mid 2006. Clinicians, nurses, laboratory technicians and pharmacy assistants from these hospitals were trained for that purpose and ARV's were distributed to the sites as per June 2006. In short, the FY05 plan to start ARV services in Mbalizi and Mwanza and not in the four other hospitals was overhauled mid 2006 by the National Care and Treatment Plan.

In September 2006 MPMC announced that funds for FY06 would be available within the next 3 – 5 months. Given that ARVs were already in stock and given that FY06 funds were soon to be released, it was decided in October 2006 to refurbish six military hospitals for counseling and testing, PMTCT and ARV services at the same time, with combined FY05 and FY06 funding.

In October 2006 Lugalo and Bububu Hospital became part of the DOD/PAI/TPDF Program under the Regionalization Plan and the budget related to it.

VCT, PMTCT and ARV training of staff and preparations to refurbish eight military hospitals started from then on. The result, after one year, is that the services of Mbalizi, Mwanza and Lugalo Hospital have improved substantially and the patient load has increased accordingly and that Mzinga, Monduli, Mirambo, Songea and Bububu Hospital have changed from a ‘hospital’ in name, but with no services and practically no patients, to actually functioning hospitals.

Shifts in the FY05 and the FY06 budget lines, to accommodate the shifts in the planned activities, have been accounted for in the 3-monthly reports to MPMC. The total budgets for FY05 and FY06 activities have remained unchanged (see Annex 2 for an overview of the FY05 and FY06 Budget and Expenditures)

### **In conclusion**

Program activities in the report period February 2006 – September 2007 have been funded under the FY05, the Regionalization plan and the FY06 budget.

See Figure 1, page 5

This report covers all activities of the PEPFAR/DOD/PAI/TPDF program for the period February 2006 - September 2007. Because of the overlap in FY05 and FY06 activities, it is not always possible to determine which targets in prevention, VCT, PMTCT and care and treatment activities have been accomplished through FY05 or through FY06 funds.

## **3. APPROACH and PROJECT COMPONENTS**

### **The concept of the Workplace Program**

Military institutions share many features of a private company, including a hierarchy of functions, investment in training and responsibility for the health status of staff. As in any workplace model, the TPDF program includes *a comprehensive package of preventive measures, peer education, access to counseling and testing, care and treatment and social support*. TPDF has introduced HIV/AIDS education in the curricula of all its training institutions. Higher cadre staff has been trained to become peer educators while managers, health staff, trainers and others are involved as implementers and supportive colleagues. The top-down command structure of the military has been used to provide prevention messages among the services men and women. All officers play a role in this effort. Following President Kikwete's declaration that HIV/AIDS was one of the top priorities for the TPDF, TPDF leadership developed a written Workplace Policy that protects the position of HIV positive personnel in the military.

**The FY05 Project components are:**

1. HIV/AIDS prevention,
2. Counseling and testing in seven military hospitals
3. PMTCT in three military hospitals
1. Care and treatment services in two military hospitals
2. The development of a TPDF HIV/AIDS Policy.

**The FY06 Project components are:**

1. HIV/AIDS prevention,
2. Counseling and testing in eight military hospitals
3. PMTCT in eight military hospitals
4. Care and treatment services in eight military hospitals
5. HIV/AIDS-TB harmonization in eight military hospitals.

**3.1 HIV/AIDS PREVENTION**

**3.1.1 Objectives**

The main objective is to increase the knowledge of HIV transmission in the military population, and reduce the spread of HIV/AIDS among military recruits and service members, by

1. Providing prevention education and condom distribution services to all military personnel and to communities surrounding military posts.
2. Equipping new recruits with the necessary knowledge and skills and provide ongoing access to information and services to prevent HIV/AIDS among themselves and other youths in and outside the TPDF.

### 3.1.2 FY05 activities, (planned) FY06 activities and budget

Activities & Expenses	PEPFAR FY05 Revised Budget	Actual as at Sept 2007	PEPFAR FY06 Revised Budget	Actual as at Sept 2007	PEPFAR FY05 & 06 revised budgets	PEPFAR I & II actuals as at Sept'07
	USD	USD	USD	USD	USD	USD
<b>1. Prevention</b>						
<b>Activity A: Development and distribution of life skills and IEC materials</b>						
Development, Kiswahili translation, printing of life skills, and IEC materials including peer education modules by the TPDPF Prevention Task Force	18,206	18,207	65,216	8,667	83,422	26,874
Production of two 15 minutes video HIV/AIDS prevention productions	32,505	32,505	21,511	19,433	54,016	51,938
Condom distribution at 30 outlets			23,000	7,001	23,000	7,001
<b>Activity B: Training</b>						
(Re-) training for 24 TOTs on peer education	11,000	11,000	25,500	5,713	36,500	16,714
Training and permanent support of 480 peer educators	34,113	34,112	59,699	16,106	93,812	50,218
PCs and Beamers for Peer Education Training	20,255	20,319	0	0	20,255	20,319
<b>Activity C: Implementation</b>						
Organize open-house days dedicated to the HIV program in 8 hospitals. Information about the Program will be disseminated at these occasions	11,898	17,361	40,000	0	51,898	17,361
Travel costs	0	0	6,000	0	6,000	0
<b>Activity D: Project Management</b>						
Prevention Project Manager salary cost	0	0	12,028	6,531	12,028	6,531
<b>Total cost Prevention</b>	<b>127,977</b>	<b>133,505</b>	<b>252,954</b>	<b>63,452</b>	<b>380,931</b>	<b>196,957</b>

### 3.1.3 Indicators, Targets and Results February 2006 – September 2007

<i>Indicator</i>	<i>Target FY05</i>	<i>Target FY06</i>	<i>Results</i>
A1. Taskforce formed	1		1
A2. Number of videos produced	2		2
A3. Number of targeted condom service outlets		30	63
B4. Number of trainers trained	15		24
B5. Number of trainers for refresher training		15	
B6. Number of peer educators trained and supported	150		360/480
B7. Number of peer educators re-trained		150	
B8. 3 laptops and printers purchased	3	3	3
B9. 5 beamers and 5 laptops purchased	5		5

C10. Number of open-house days	16	16	4
C11. Number of individuals reached with community outreach HIV/AIDS prevention programs	205,000	208,000	30,000

### 3.1.4 Narrative

This Program targets all 4-5,000 recruits, 30,000 military personnel, 90,000 dependents and 80,000 civilians living near the military camps and hospitals. 5000 card games, more than one million condoms, and 100 DVDs have been and will be distributed; 360 peer educators have been, 120 will be trained and 4 open-house days have been organized.

We have not been able to quantify the numbers of persons reached nor the impact that the activities have or had. Mass media messages and Open-House days may reach thousands of people, however the effect can evidently not be compared with, for instance, individual counseling. A discussion on quantification of numbers and impact of the preventive measures under the OGAC program is ongoing.

#### Activity A: Development and distribution of IEC and life skills materials

1. A Prevention Taskforce with representatives from TPDF HQ, Lugalo Hospital and IEC specialists from the University of DSM was approved by the Office of the Director Medical Services and installed in November 2006, five months after the start of the Program. The purpose of the Taskforce is to develop HIV/AIDS awareness and prevention materials, dedicated for the Uniformed Forces.

#### Major products and accomplishments of the Taskforce:

- A resource book for TOTs and HIV/AIDS peer-educators. Peer education materials from UNAIDS (developed for the Uniformed Forces), from the South African army and from private sector sources (GTZ, AMREF, FHI) served as source material. 500 copies have been printed and have (and will) be distributed to 24 TOTs and 480 peer educators.
  - A pocket-sized handbook and a training curriculum on adapted life-skills. The curriculum is developed for trainers of recruits of TPDF and of the National Youth Service (NYS). HIV/AIDS education based on ABC modules and adapted life-skills for the military are and will be integrated into the curricula of all TPDF and NYS training centers.
  - A card game with HIV/AIDS prevention messages per card. 7000 Decks are currently printed in India. 5000 Decks of cards will be distributed to all TPDF Units, Intelligence, Navy and Air Force bases and schools. 2000 Decks will be shared (under the Global Fund Program) with the Police and Prisons Forces.
  - Scenario and (participation in the) editing of two 15 minutes DVDs on HIV/AIDS prevention.
2. Two 15 minutes docu-dramas on HIV/AIDS prevention have been produced. 100 copies have been and will be distributed to HQ, the 5 Brigades, all Units, 5 training centers, 8 hospitals and 6 health centers.

All materials have been produced in kiswahili language

3. Preventive measures include condom distribution to military recruits and other personnel who, because of their young age, migratory nature of work, lack of family support during assignments and continued exposure and increased sexual activity levels, constitute a high-risk population.

1,000,000 condoms have been procured through the social marketing program of T-Marc. T-Marc is supported by PEPFAR/UNAIDS. Condoms have been and will be distributed to more than 30 outlets at camps and health facilities.

#### **Activity B: Training of Peer Educators**

Purpose of the Peer Education program is to break the prevailing silence and to make the risks and the consequences of HIV infection discussable all the time and for all ranks. The original plan was to train 15 TOTs and 150 peer educators under FY05 and to (re) train 15 TOTs and 150 peer educators in FY06. However, FY06 funds were already available when the FY05 Peer Educators training program was ready to start. PAI and TPDF have used this opportunity to train more TOTs and peer educators in a shorter time-span than foreseen at the start of the Program: 12 officers and 12 soldiers have been trained as TOTs. 360 Peer Educators have been trained and 120 Peer Educators will be trained in October and November this year. The trainees represent the five Army Brigades, Air Force, Navy and Intelligence.

HIV prevention and HIV/AIDS advocacy can only be effective when officers are aware and actually involved in the Program. It is against this background that it was decided that 50% of the peer educators had to be Operation and Training Officers (Optos). Training experience and the capacity to support peer educators in their daily activities are the main selection criteria for the officers.

The soldiers are Regiment Sergeant-Majors (RSM) and corporals at the Unit Level. The TOTs in their respective Units have supervised selection of the soldiers/peer educators.

PC's and beamers have been procured and distributed to 5 TPDF training centers for Peer Education.

#### **Activity C: Organize 'Open-House' days dedicated to the HIV program in 8 hospitals.**

All military hospitals in Tanzania provide free services to all servicemen, their dependents and, for a nominal user fee, to civilians living in the communities surrounding these hospitals. Services were below standard but have been scaled-up after extensive refurbishments, training of staff and supply of medication, laboratory assays and other basic materials in the last 6-9 months.

Purpose of the 'Open-House' days is that the community around these hospitals is informed about the HIV/AIDS services of the hospital. Secondly that information about the risks of HIV transmission and preventive measures is shared with the community, through drama, music, speeches by PLWHA, District or Regional Health Managers, medical staff from the hospital, etc. Thirdly, free HIV testing is offered at the occasion.

The eight hospitals had planned 2 Open-House days per year. So far only four 'Open-House' days have been organized, due to delay in the refurbishment of the hospitals and due an order from HQ that no festivities could be organized from June – August this year, when the Chief of Defence Forces did his farewell tour.

Each Open-House day attracted at least 2000 spectators and more than 400 persons were tested for HIV per day. Most successful was Mbalizi Hospital where more than 1600 persons were screened for HIV in the weekend of September 15.

#### **Activity D: Project Management:**

Major part of the Prevention activities has been accomplished by the Prevention Taskforce, coordinated by Public Health Specialist Col. J. Bigambo. The PAI Program Director and the VCT Project Manager have supported the Taskforce. A Prevention Project manager is contracted per June 2007.

In addition

1. A unique aspect to the military is that all recruits must be HIV-negative to enlist. This provides an excellent base-line by which to test the effectiveness of prevention programs targeting this group in the out years.

2. The DOD/PAI/TPDF Program started before the PharmAccess/Police and /Prisons Program. The tools and experience of working with the military are now shared with the other Forces.

- 3.. Working with the Police Forces has brought a new initiative to the TPDF Program. Women of police officers, living in the barracks of Kilwa Road Hospital, the National Referral Hospital for the Police, are organized in an NGO. The women have been trained under a Global Fund / PharmAccess Program and are now involved in home-based care, social and nutritional support for HIV<sup>+</sup> persons in- and outside the barracks. The women, living in the barracks, know who is at risk, who is not well, who needs support. The barracks are not well accessible for anybody who is not related to the police or military servicemen.

PAI and TPDF have invited representatives of the NGO to meet with women from the barracks surrounding the 8 military hospitals: to share experiences and to support them and to organize themselves. After identification of the spokeswomen and leaders of the TPDF women groups they will be trained to provide HBC, social spiritual and nutritional support services for their communities

#### **3.1.5 Summary**

It took five months before the members of the Prevention Taskforce were appointed by TPDF HQ. Prevention activities have started soon thereafter, in November 2006. All FY05 targets and a good part of the FY06 targets have been met, except that we cannot say that 205,000 persons have been reached by the Program (Indicator C11). The criteria for 'reaching' are not specific enough and are under discussion

### **3.2 COUNSELING AND TESTING**

### **3.2.1 Objectives**

The objective of FY05 is to introduce Voluntary Counseling and Testing services in Mbalizi, Mwanza, Mzinga, Monduli, Mirambo, Songea and Bububu Military Hospital. The FY05 Program was planned from February 2006 – September 2007.

Lugalo Hospital and three satellite sites became part of the DOD/PAI/TPDF Program in October 2006, as part of the Regionalization Plan.

Under FY06 funding it is the objective to introduce Provider Initiated Testing and Counseling (PITC) in Mbalizi, Mwanza, Mzinga, Monduli, Mirambo, Songea, Bububu, Lugalo and its three satellite sites, in three new satellite sites, and to use two mobile centers for PITC services in nine military camps. PITC is in line with the guidelines of the National Care and Treatment Plan (NCTP). The FY06 Program is planned from January 2007 – January 2008.

### 3.2.2 FY05 activities, (planned) FY06 activities and budget

Activities & Expenses	PEPFAR FY05 Revised Budget	Actual as at Sept 2007	PEPFAR FY06 Revised Budget	Actual as at Sept 2007	PEPFAR FY05 & 06 revised budgets	PEPFAR I & II actuals as at Sept'07
	USD	USD	USD	USD		
<b>2. Counseling and Testing</b>						
<b>Activity A: Infrastructure: 8 hospitals, 3 satellite sites, 3 additional satellite sites &amp; 2 mobile sites</b>						
Refurbish 8 hospitals and 6 satellite sites for CT purposes	126,069	126,281	132,875	71,348	258,944	197,629
Two (2) mobile centers for outreach services	0	0	70,000	0	70,000	0
<b>Activity B: Commodity Procurement</b>						
Refrigerators, cabinets, furniture, coolboxes, lockable cabinets, tents and additional items for 8 hospitals & 6 satellite sites	32,124	26,870	38,567	6,687	70,691	33,557
Annual revolving purchases including HIV and STI testkits costs for 8 hospitals and 6 satellite sites	20,843	7,983	14,000	0	34,843	7,983
Procurement of PCs, Printers, UPS for 8 hospitals, 6 satellite + 2 mobile VCT sites	9,856	9,856	16,000	0	25,856	9,856
Office supplies	0	0	0	0	0	0
<b>Activity C: Training</b>						
(Re) Train 56 clinic staff in PITC and data-entry	62,592	62,592	90,000	0	152,592	62,592
<b>Activity D: Implementation</b>			0			
Relate military sites to nearby Military, Regional or District Hospitals for referral ( testing when HIV tests are inconclusive and CD4 testing of HIV+ persons)	4,296	4,296	559	0	4,855	4,296
Promotion materials and brochures	0	0	400	0	400	0
Travel costs, per diems for counselors & car maintenance for mobile sites	0	0	21,668	0	21,668	0
Travel costs site assessments	0	0	6,000	1,940	6,000	1,940
<b>Activity E: Project Management</b>						
VCT Project Manager salary cost	24,443	24,443	12,480	5,230	36,923	29,673
<b>Total cost CT</b>	<b>280,223</b>	<b>262,322</b>	<b>402,549</b>	<b>85,204</b>	<b>682,772</b>	<b>347,525</b>

### 3.2.3 Indicators, Targets and Results February 2006 – September 2007

<i>Indicator</i>	<i>Target FY05</i>	<i>Target FY06</i>	<i>Results</i>
A1. Number of sites assessed	8	14	11
A2. Number of sites refurbished and equipped for CT purposes	8	14	11
B3. Number of HIV test kits procured/received			161
B4. Number of condoms received and disseminated	40,000		1,000,000
C5. Number of individuals trained on counseling, testing and data-entry	19	69	24
D6. Number of military CT sites with a referral agreement with a Regional/ District Hospital	8	8	8
D7. Number of individuals who received CT	8,000	15,000	10,419

### HIV-screening results per site

HIV screening results per site									
VCT	Tested					HIV+			
	> 15		< 15			> 15		< 15	
	Male	Female	Male	Female		Male	Female	Male	Female
Lugalo+	1462	1831	79	70		465	530	28	31
Mbalizi	1809	2313	14	12		436	744	8	5
Mwanza	857	705	9	6		111	86	1	1
Mirambo	163	162	3			21	36	1	
Bububu	133	144		2		8	12		1
Songea	117	110	6	7		21	33	2	
Monduli	94	55	7	9		7	3		
Mzinga	84	152	2	2		48	82	1	2
Total	4719	5472	120	108		1117	1526	41	40
Total	10191		228			2643		81	
Grant total	10419								
%infected	22.7		32.7						

### 3.2.4 Narrative

Lugalo Hospital started HIV screening in 2002. Mbalizi and Mwanza military hospitals started in 2004. All other hospitals started HIV-screening (other than incidental cases) after the VCT training in November 2006 and or / after finalization of the refurbishment April – June 2007). The eight military sites have tested 10419 persons in the period June 2006 – September 2007: 4719 male, 5472 female > 15 years, and 120 male and 118 female children < 15 years of age. The results follow the national trend that more women are tested than men, even in the military setting.

### Activity A: Infrastructure

Eight military hospitals have been assessed, refurbished, furnished and equipped for VCT, PMTCT and Care and Treatment Services. Mwenge MCH, satellite site of Lugalo Hospital, has been furnished for CT purposes. Minor refurbishments took place at Lugalo, Mzinga and Mwanza Hospital. The refurbishments of the other hospitals took 4 –6 months. Medical services were reduced to a minimum at Songea,

Mirambo, Bububu, Monduli and Mzinga Hospital. CT and care and treatment services could only start on-scale thereafter.

#### **Activity B: Commodity Procurement**

Refrigerators, cool boxes, lockable cabinets, chairs, tables etc have been procured for eight hospitals.

The hospitals receive condoms, rapid HIV- and STI- test kits through Medical Stores Department (MSD). In case MSD does not deliver, then the Regional Hospitals do provide test kits, condoms and sometimes even personnel, if available. All sites have reported frequent stock-outs of test kits under this provision. The eight hospitals have received 120 SD Bioline and 41 Determine HIV testkits and more than 200 other testkits (Creatinine, ALT, AST, etc) to prevent future stock-outs (push). The hospitals will receive more assays on their request (pull) as long as supplies from the MOHSW are not guaranteed.

#### **Activity C: Training**

24 medical officers and nurse counselors from eight military hospitals have followed the 6-weeks Counseling and Testing training program of the MOHSW in October-November 2006.

4-weeks CT trainings will be organized for back-up teams, under FY06

5-days PITC training courses will be organized under FY06. Not only for CTC and CT staff but also for PMTCT staff, nurses in the wards, receptionists, dentists, surgeons and other health care workers.

#### **Activity D: Implementation and the way forward**

Eight military hospitals and one MCH clinic provide HIV screening in accordance with the National CT Guidelines of the MOHSW

CD4 testing and Elisa testing is available at Lugalo, CD4 testing at Mbalizi and Mwanza Hospital. The other sites have an agreement with Lugalo Hospital or the nearest Zonal, Regional or District Hospital for referral of complicated cases, CD4 testing of HIV<sup>+</sup> patients and Elisa testing, in case of discordant rapid test results.

#### **Next steps to increase the number of people tested and counseled**

- Provider-Initiated Testing and Counseling will replace Voluntary Counseling and Testing, in accordance with the CT Guidelines of the MOHSW
- Tens of health centers and dispensaries and at least 4 mobile centers will be prepared for HIV-testing within the military in preparation of the projected HIV/AIDS Policy to make HIV testing an integrated part of the yearly medical check-up for all TPDP personnel
- Nurse-counselors from each CT will be trained on HBC, support of HIV<sup>+</sup> persons and home visits to offer counseling and testing to relatives of any person found HIV<sup>+</sup>.

- Post-test clubs of HIV<sup>+</sup> persons will be organized at each test center and camp where testing is provided by mobile centers.
- Organizations of women living in the barracks will be trained and involved in stimulating HIV testing through home visits and home-based care services. They will provide social support to HIV<sup>+</sup> persons in and outside the barracks.
- Advocacy and sensitization for HIV testing will be organized through open-house days and through peer education programs.

#### **Activity E: Project management**

A Project Manager VCT services was recruited in June 2006

#### **3.2.5 Summary**

Eight hospitals and one MCH clinic have been refurbished and furnished, and staff of these sites have been trained to provide CT services in accordance with the National Counseling and Testing guidelines. In 5 sites VCT services have only started in the last three – six months. The eight military sites have tested 10419 persons in the period June 2006 – September 2007: 4719 male, 5472 female > 15 years, and 120 male and 118 female children < 15 years of age.

### **3.3 PREVENTION OF MOTHER TO CHILD TRANSMISSION**

#### **3.3.1 Objectives**

The objective of FY05 is to introduce Prevention of Mother-to-Child Transmission (PMTCT) services in Mbalizi, Mwanza and Mzinga Military Hospital. The FY05 Program was planned from February 2006 – September 2007.

Lugalo Hospital and Mwenge MCH center, became part of the DOD/PAI/TPDF Program in October 2006, as part of the Regionalization Plan.

The objective of FY06 is to introduce PMTCT services in Monduli, Mirambo, Songea and Bububu Military Hospital. The FY06 Program is planned from January 2007 – January 2008.

The objective of FY06 is also to introduce Provider Initiated Testing and Counseling (PITC) instead of Voluntary Counseling and Testing at all sites. PITC is in line with the PMTCT Policy of the MOHSW.

### 3.3.2 FY05 activities, (planned) FY06 activities and budget

Activities & Expenses	PEPFAR FY05 Budget	Actual as at Sept 2007	PEPFAR FY06 Budget	Actual as at Sept 2007	PEPFAR FY05 & 06 budgets	PEPFA R I & II actuals Sept'07
	USD	USD	USD	USD		
<b>3. PMTCT</b>						
<b>Activity A: Infrastructure: 8 hospitals and 1 satellite sites</b>						
Refurbish 8 hospitals and 1 satellite sites for PMTCT purposes	25,800	25,800	42,375	13,361	68,175	39,161
<b>Activity B: Commodity Procurement</b>						
Refrigerators, cabinets, furniture, coolboxes, lockable cabinets, tents and additional items for 8 hospitals & 1 satellite sites	3,149	3,148	0	0	3,149	3,148
Annual revolving purchases for 9 PMTCT sites including HIV and STI testkits	11,173	9,990	12,072	0	23,245	9,990
<b>Activity C: Training</b>						
(Re) Train 24 nurse counselors and midwives in PMTCT and data-entry	62,592	62,592	90,000	0	152,592	62,592
<b>Activity D: Implementation</b>			0			
HBC and social support activities	0	0	20,099	0	20,099	0
Relate military health centers and camps to nearby Military, Regional or District Hospitals for referrals and testing (, CD4 and other)	3,303	3,303	0	0	3,303	3,303
Travel costs site assessments	0	0	6,000	0	6,000	0
<b>Totals</b>	<b>66,735</b>	<b>65,551</b>	<b>102,224</b>	<b>35,039</b>	<b>168,959</b>	<b>100,591</b>

### 3.3.3 Indicators, Targets and Results February 2006 – September 2007

Indicator	Targets FY05	Targets FY06	Results
A1. Number of sites assessed for PMTCT	3	11	9
A2. Number of sites refurbished and furnished	3	11	9
C3. Number of individuals trained in PMTCT counseling and testing and data-entry	2421		24
D4. Number of military MTCT sites with a referral agreement with a Regional/ District Hospital	3	8	8
D5. Number of pregnant women provided with PMTCT services, including counseling and testing	4000	5000	4377
D6. Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	300	400	286

**PMTCT-screening and treatment results per site**

	Women tested	HIV+	ARV
Lugalo	1341	97	97
Mwenge MCH	1886	(167)	*
Mbalizi	390	144	144
Mwanza	10		
Mirambo	30	1	1
Bububu			
Songea	204	30	30
Monduli	307	8	8
Mzinga	209	6	6
<b>Total</b>	<b>4377</b>	<b>(286 -) 453</b>	<b>286</b>

**3.3.4 Narrative**

PMTCT has not been part in the antenatal (ANC) services of any of the military hospitals until this Program started, with the exception of Lugalo Hospital, Mwenge MCH and Mbalizi Hospital. Mwanza, Mzinga, Monduli, Mirambo, Songea and Bububu hospital start(-ed) PMTCT activities only after training of 24 medical officers, nurse counselors and midwives in February 2007 and after refurbishment of their respective Hospital. This explains why the numbers of pregnant women who are tested for HIV (above) are still low for 6 sites

The eight military sites report to have tested 4377 pregnant women in the period June 2006 – September 2007. Between 286 and 453 women tested HIV<sup>+</sup>, at least 286 women received NVP or combination therapy. All hospitals report that NVP or other ARVs are provided to all HIV<sup>+</sup> pregnant women at their site, except Mwenge MCH. Mwenge MCH is a satellite site of nearby Lugalo Hospital. Women who are tested HIV<sup>+</sup> at this MCH Center are referred to the CTC of Lugalo Hospital for follow-up services. Mwenge MCH has no follow-up data whether the HIV<sup>+</sup> women actually visit the Lugalo. Lugalo Hospital does not register whether HIV<sup>+</sup> women are referred from Mwenge MCH or not. A tracking system will be put in place under FY06.

**Activity A: Infrastructure**

Eight military hospitals have been assessed, refurbished, furnished and equipped for VCT, PMTCT and Care and Treatment Services at the same time. Mwenge MCH, satellite site of Lugalo hospital has been furnished for PMTCT purposes. Minor refurbishments took place at Lugalo, Mbalizi and Mwanza Hospital. The refurbishments of Songea and Monduli took 4 –6 months and PMTCT services started only in June this year. Refurbishment of CT and PMTCT rooms at Bububu Hospital is finished in October this year and refurbishment of PMTCT facilities at Mzinga and Tabora Hospital is still ongoing.

**Activity B: Commodity Procurement**

Refrigerators, cool boxes, lockable cabinets, chairs, tables, etc have been procured for eight hospitals.

All sites receive condoms, rapid HIV- and STI- test kits through Medical Stores Department (MSD). In case MSD does not deliver, then the Regional Hospitals do provide test kits, condoms and sometimes even personnel, if available. All sites have reported frequent stock-outs of test kits under this provision.

All sites received HIV test kits to prevent future stock-outs (See page 15 for details)

### **Activity C: Training**

24 medical officers, nurse counselors and midwives from eight military hospitals and one satellite site have followed the 4-weeks PMTCT training program of the MOHSW in February-March 2007.

5-days PITC training courses will be organized under FY06. These trainings are not only for CTC staff and staff from the PMTCT sites, but also for nurses in the wards, receptionists, dentists, surgeons, etc.

A second 4-week PMTCT training for back-up teams is planned, early 2008

### **Activity D: Implementation and the way forward**

Eight military hospitals and one MCN provide PMTCT services in accordance with the National Guidelines of the MOHSW

CD4 testing and Elisa testing is available at Lugalo, CD4 testing at Mbalizi and Mwanza. The other sites have an agreement with the nearest by Zonal, Regional or District Hospital for CD4 testing of HIV<sup>+</sup> patients, Elisa testing, in case of discordant rapid test results and for referral of complex clinical cases and laboratory testing.

### **Next steps to increase the number of pregnant women tested and on PMTCT, if HIV<sup>+</sup>**

- Linkage will be strengthened with Prevention activities under the TPDF Program, including promotion of preventive measures and counseling of HIV<sup>+</sup> persons, C&T, TB/HIV and OVC programs. Linkage will also be improved with RCH activities especially Malaria and Syphilis at ANC clinics, Family planning and nutritional and child survival program as these are all provided in the military facilities.
- Coverage will increase through the 8 military hospitals and 14 health centers and Provider Initiated Testing and Counseling will replace Voluntary Counseling and Testing for PMTCT purposes, in accordance with the PMTCT Guidelines of the MOHSW
- Military personnel, their dependents and civilians living in the vicinity of the hospitals and health centers will be informed through 'Open House' days and other awareness campaigns of each center. Information about the available services of the facilities, including PMTCT, will be presented and promoted through drama, music and other presentations.

*Social support and collaboration with community support groups have always been weak parts of the HIV/AIDS services of the military hospitals. Therefore:*

- Nurse-counselors from the MCN and ANC units will be trained on counseling and support of HIV<sup>+</sup> women and on doing home visits to discuss and offer counseling and testing to relatives of any person found HIV<sup>+</sup>
- Post-test clubs of HIV<sup>+</sup> persons will be organized at each test center
- Organizations of women living in the barracks will be trained and involved in stimulating HIV testing through home visits and home-based care services. They will provide social support to HIV<sup>+</sup> pregnant women and their newborns in and outside the barracks
- For civilian clients in the surrounding communities, we anticipate to form linkages with existing local NGOs operating in those communities so as to ensure continuum of care.

Expansion of PMTCT activities will be organized through a close linkage with national strategies and programs supporting MOH goals to provide PMTCT services to 80% of the projected HIV positive mothers by September 2009.

The Program will provide ARV combination therapy, instead of single dose NVP, for women with CD4 <350, as soon as the new WHO PMTCT guidelines are accepted by the MOHSW

### **3.3.5 Summary**

8 hospitals and 1 health Center have been refurbished and staff of these sites have been trained to provide PMTCT services in accordance with the National PMTCT guidelines. In 5 sites PMTCT services have only started in the last three months. 4345 pregnant women, almost all from Lugalo, Mwenje MNC, Mbalizi and Mwanza Military hospital have been screened for HIV in the period June 2006 – September 2007. Between 286 and 453 women tested HIV<sup>+</sup>, at least 286 women received NVP or combination therapy.

### 3.4 CARE AND TREATMENT OF PLWHA

#### 3.4.1 Objectives

The objective of the FY05 Program is to scale-up care and treatment services at Mbalizi and Mwanza Military Hospital. The FY05 Program was planned from February 2006 – September 2007.

The objective of the FY06 Program is to introduce Care and Treatment services in Mzinga, Monduli, Mirambo, Songea and Bububu hospital and in six satellite sites. The FY06 Program is planned from January 2007 – January 2008.

#### 3.4.2 FY05 activities, (planned) FY06 activities and budget

Activities & Expenses	PEPFAR FY05 Budget	Actual as at Sept 2007	PEPFAR FY06 Budget	Actual as at Sept 2007	PEPFAR FY05 & 06 budgets	PEPFAR I & II actuals as at Sept'07
	USD	USD	USD	USD		
<b>4. Care and Treatment Services</b>						
<b>Activity A: Infrastructure (14 sites: 8 original sites, 3 satellite sites &amp; 3 additional satellite sites)</b>						
Refurbish 5 hospitals and 6 satellite sites for Care & Treatment purposes	103,648	103,648	60,500	43,727	164,148	147,375
Equipping laboratories of 6 hospitals for routine monitoring of patients on HAART + CD4 equipment for Mbeya & Mwanza Hospital	149,895	121,616	388,708	348,711	538,603	470,327
<b>Activity B: Commodity procurement</b>						
Refrigerators, cabinets, furniture, coolboxes, lockable cabinets, tents and additional items for 5 hospitals & 6 satellite sites	3,149	3,148	0	0	3,149	3,148
Annual revolving purchases for 14 health facilities			2,633	0	2,633	0
Annual revolving laboratory purchases for 14 health facilities + CD4 supplies for Mbeya & Mwanza hospital	34,036	45,277	68,547	48,802	102,584	94,078
Drugs for Opportunistic Infections: Cotrimoxazol, Prophylactic Fluconazol, Ciprofloxacin, Clarithromycin for 14 health facilities	51,683	51,682	45,000	0	96,683	51,682

Infant feeding and other nutritional support	0	0	14,500	0	14,500	0
Procurement of PCs, Printers, UPS for 6 satellite sites	0	0	12,000	0	12,000	0
Office supplies and maintenance costs (IT, electricity, water, cleaning, repairs)	515	2,026	20,191	5,110	20,706	7,136
<b>Activity C: Training</b>						
Train 72 medical officers, nurse counselors, laboratory technicians, pharmacy assistants in Care & Treatment	32,276	33,834	75,000	0	107,276	33,834
Train 28 staff in data-entry	0	0	3,520	0	3,520	0
Training 30 HBC providers	0	0	25,964	0	25,964	0
<b>Activity D: Implementation</b>						
HBC services, home-visits, establish post-test clubs and peer group support sessions for PLWHA	16,449	16,449	8,697	0	25,146	16,449
Overtime allowance	0	0	36,000	15,812	36,000	15,812
Travel costs site assessments	0	0	6,000	2,470	6,000	2,470
<b>Activity E: Project Management</b>						
Laboratory specialist salary cost	20,190	20,190	15,096	6,149	35,286	26,339
M&E officer salary cost	0	0	6,750	613	6,750	613
Social Support Officer salary cost	0	0	6,750	0	6,750	0
<b>Total C&amp;T</b>	<b>411,841</b>	<b>397,871</b>	<b>795,856</b>	<b>471,394</b>	<b>1,207,697</b>	<b>869,266</b>

### 3.4.3 Indicators, Targets and Results February 2006 – September 2007

<i>Indicator</i>	<i>Targets* FY05</i>	<i>Targets* FY06</i>	<i>Results</i>
A1. Number of sites assessed and strengthening plan developed for ARV treatment.	2	8	8
A2. Number of CTCs refurbished and furnished for counseling and laboratory purposes.	2	6	8
C3. Number of healthcare workers trained on ART and OI management	16	35	48
D4. Number of individuals receiving ARVs at ART sites	500	1500	3733
D5. Number of individuals receiving care and support (not ARVs)	800	1800	4398

\*Targets did not include Lugalo

### Results Care and Treatment per site

Results Care and Treatment per site						Results Care and Treatment per site				
	Care Ever						Care Now			
	> 15		< 15				> 15		< 15	
	Male	Female	Male	Female			Male	Female	Male	Female
Lugalo	1841	1921	88	74			1531	1641	48	63
Mbalizi	359	325	20	12			320	275	16	10
Mwanza	73	60	8	9			52	58	7	7
Mirambo	42	46	2				36	40	2	
Bububu	1	1					1	1		
Songea	130	271	4	2			103	202	4	2
Monduli	6	4				6	4			
Mzinga	32	36				25	26			
	2234	2514	108	87		2074	2247	77	73	
	4943					4398				

	ARV Ever					ARV Now			
	> 15		< 15			> 15		< 15	
	Male	Female	Male	Female		Male	Female	Male	Female
Lugalo	1385	1625	83	94		1285	1325	63	78
Mbalizi	296	245	15	9		257	214	12	6
Mwanza	39	40	5	3		27	32	5	2
Mirambo	42	46	2			34	40	2	
Bububu									
Songea	130	271	4	2		103	202	4	2
Monduli	6	2				6	2		
Mzinga	19	21				17	15		
Total	1917	2250	109	108		1729	1830	86	88
Total	4384					3733			

#### 3.4.4 Narrative

The first assessments of the military hospitals by PAI and representatives of MRMC, before the actual start of the Program, showed that the infrastructure of the sites and the level of experience and training on HIV/AIDS treatment was far below the minimum criteria for accreditation by the MOHSW, for all sites except Lugalo Hospital. When PAI and MRMC were informed about the budget for the FY05 TPDF program, in Q1 2005, it was planned to start ARV services in Mbalizi and Mwanza under FY05 and in Mzinga, Monduli, Mirambo and Songea under FY06 funding. Bububu hospital was in such a dilapidated state that it was decided that the Program would only organize counseling and testing services there.

PAI received FY05 funding in June 2006 and FY06 funding in February 2007. By then, Mbalizi, Mwanza, Mzinga, Monduli, Mirambo and Songea Hospital had been selected by the MOHSW to participate in the National Care and Treatment Plan to provide ARV services, starting mid 2006. The FY05 plan to start ARV services in Mbalizi and Mwanza only was thus overhauled by the NCTP.

Given that ARVs were already in stock and that FY06 funds for refurbishments and care and treatment services were soon to be released, PAI and TPDF decided to refurbish Mbalizi, Mwanza, Mzinga, Monduli, Mirambo and Songea Military Hospitals for counseling and testing, PMTCT and ARV services at the same time, with combined FY05 and FY06 funding. (The decision was taken in October 2006. PAI and MRMC agreed that FY05 funds could be used for advance payments of FY06 activities, as long as it would not have consequences for the implementation of the FY05 plan).

Lugalo and Bububu Hospital (PMTCT and care and treatment services) became part of the DOD/PAI/TPDF Program in October 2006, as part of the Regionalization Plan and the budget related to it.

Bububu was originally excluded for PMTCT and ARV services under FY05 and FY06 planning, given the dilapidated state of the facility at the time of the first assessment. Bububu Hospital has been included in the Program after complete rebuilding of the hospital in 2006 and 2007 (funded by the Ministry of Defence of Germany). TPDF and PAI agreed with Representatives of the Ministry of Health of Zanzibar and the Zanzibar AIDS Committee, that the new Bububu Hospital could serve as a HIV CT and care and treatment center for the Northern part of the island.

This report covers all activities of the PEPFAR/DOD/PAI/TPDF program for the period February 2006 - September 2007. Because of the overlap in FY05 and FY06 activities, it is not well possible to determine which targets in Prevention, VCT, PMTCT and care and treatment activities have been accomplished through FY05 or through FY06 funds.

## **Results**

Except for incidental cases, care and treatment services were only provided in Lugalo and Mbalizi Hospital before the start of this Program in June 2006. In Mwanza, Mzinga, Monduli, Mirambo and Songea care and treatment services started slowly, after training of 48 medical officers, nurse counselors, laboratory technicians and pharmacy assistants in September 2006. Numbers have increased substantially after refurbishment of the respective hospitals: first Mbalizi and Mwanza. Mirambo, Monduli and Bububu last. This explains why the numbers of persons on care and treatment differ per site as much as they do.

The eight military sites report to have 4943 on care and treatment services ever, 4398 at the end of September 2007, 4384 persons on ARV treatment ever and 3733 at the end of September 2007.

## **Activity A: Infrastructure**

Eight military hospital have been assessed, refurbished, furnished and equipped for VCT, PMTCT and Care and Treatment Services at the same time. Minor refurbishments took place at Lugalo, Mbalizi and Mwanza Hospital. The refurbishments of Mzinga and Monduli took 4 –6 months and ARV services started only in Q2 this year.

The laboratory of Lugalo Hospital has been refurbished and is equipped with high through-put haematology and biochemistry and CD4-equipment. The laboratories of the other seven hospitals have been refurbished equipped with semi-automated haematology and biochemistry equipment, microscopes, autoclaves etc. CD4 equipment is installed in Mbalizi and Mwanza hospital.

#### **Activity B: Commodity procurement**

Experts of PAI, Walter Reed Project and the MOHSW have developed a complete list of laboratory equipment, items and running materials, as required for a laboratory in a small to middle sized District hospital. The list is complete and useful for other programs. All items from the list have been purchased for the 8 military hospitals.

Drugs for Opportunistic Infections, including cotrimoxazol, prophylactic fluconazol, ciprofloxacin and clarithromycin have been (push) and will be (pull) procured for all eight hospitals to prevent the stock-outs caused by a failing public supply system (MSD and the MOHSW)

Infant feeding and other nutritional support will be provided under the FY06 Program, as soon as HBC providers and women groups from the barracks are trained and organized for this purpose.

Laptops and printers have been procured for seven hospitals for data-entry purposes. The laptops and printers will be distributed to the sites after training of 2-3 data-entry clerks from each site.

#### **Activity C: Training**

- 48 clinicians, medical officers, nurse counselors, laboratory technicians, pharmacy assistants have been trained in Care & Treatment, in September 2006. The training was organized in Dar es Salaam, and for military personnel only. The nine days training course followed the Care and Treatment curriculum of the NCTP
- Staff of Songea and Mbalizi Hospital have participated in NCTP Care and Treatment training programs organized by the respective Regional Hospitals
- Laptops have been procured and a training of 28 data-entry clerks from eight military hospitals and three satellite sites has been prepared. The training will be organized in collaboration with the University Computing Center (UCC) of Dar es Salaam. UCC has designed the database for the NCTP and supports several partners in on-site data-handling for the NCTP. Training will take place after consent of TPDF-HQ.

#### **Activity D: Implementation**

In the first year of the Program most effort was put in refurbishment and equipping of 8 TPDF hospitals, training of staff and supply of medication and laboratory materials to prevent stock-outs. Refurbishments and equipment of laboratories took longer than planned. The hospitals of Monduli, Mzingu and Mirambo have therefore only recently started ARV services.

One of the major accomplishments of the DOD/PAI TPDF Program is that the care and treatment services of the TPDF hospitals are more and more integrated in the National Care and Treatment Plan under the Ministry of Health and Social Welfare. Training curricula, treatment guidelines, supply of ARVs and laboratory assays,

patient data collection, etc are all under the leadership of the MOHSW and the NCTP. The military hospitals benefit from collaboration with the nearby Regional and District Hospitals and vice versa, now that the CTCs of the military hospitals are functioning. Military hospitals used to send their patients or blood samples to Regional or District Hospitals and some still do. The overstrained public hospitals of Tabora and Songea however, are now referring patients back to Mirambo and Songea military hospital, specifically those patients who live in the vicinity of the military hospitals. Bugando, the zonal referral hospital of Mwanza, is currently sending its patients and blood samples to the military hospital for CD4 testing.

PAI and the coordinator of the TPDF HIV/AIDS program initiated three-monthly meetings with the medical directors of the eight military hospitals and additional staff. The meetings have so far been held at the hospitals in Mzinga, Mbalizi, Mwanza and Songea. The meetings are highly appreciated by the participants and are the forum to discuss lessons learnt and next steps in the Program.

**Next steps to increase the number of persons on care and treatment per site.**

- Military personnel, their dependents and civilians living in the vicinity of the hospitals and health centers will be informed through ‘Open House’ days and other awareness campaigns of each center. Information about the available care and treatment services will be presented and promoted through drama, music and other presentations. 2 ‘Open-House’ days are planned per year for every hospital and satellite sites.
- Collaboration with the Regional and District Hospitals and the RHMTs/DHMTs will be intensified for all the sites to promote referrals of complicated clinical cases from the military hospitals to the Regional and District hospitals and referrals of patients from the stretched-out Regional and District hospitals to the military sites
- A concept HIV/AIDS Policy to make HIV testing an integrated part of the yearly medical check-up for all TPDF personnel has been written by a dedicated TPDF Task Force. Ratification of the Policy is expected any time now. See 3.7 below. The new Policy has two implications: One is that large numbers of army personnel will be tested and that an extensive increase of HIV<sup>+</sup> persons who need care and treatment can be expected.  
Second: health centers at military camps need to be scaled-up so that yearly medical check-ups, including HIV screening and care and treatment services can be provided there. PharmAccess will work with TPDF to provide comprehensive quality care and treatment services in 8 military hospitals and 25 health centers / satellite sites in FY08.

### **Next steps to increase the quality of the C&T services through**

- Training of back-up teams and re-training of staff
- Continuation of the 3-monthly meetings between the medical directors of the eight military hospitals and additional staff. These are three days meetings whereby one day is spent on clinical case discussions. National and international experts will be invited to lead the case discussions.
- Quality assurance on laboratory functions needs to be developed, in collaboration with the Laboratory Units of the National AIDS Control Program and the MOHSW.
- Continuum of care and collaboration with community support groups have always been weak parts of the HIV/AIDS services of the military hospitals. Therefore:
  - Nurse-counselors from the CTCs and women living in the barracks will be trained on HBC and home visits to guarantee follow-up of patients, treatment compliance and social support.
  - Linkages with local NGOs operating in the communities around the hospitals and health centers need to be established so as to ensure continuum of care.

### **Activity E: Project Management**

A Laboratory specialist was contracted per November 1, 2006.

Contracting of an M&E officer is expected per December 2007.

Recruitment of a Social Support Officer is ongoing.

### **3.5.5 Summary**

Eight hospitals and one Health Center have been refurbished and staff of the clinics has been trained to provide care and treatment services in accordance with the National C&T guidelines. In 5 sites ARV services have only started in the last three – six months. The eight military sites report to have 4943 on care and treatment services ever, 4398 at the end of September 2007, 4384 persons on ARV treatment ever and 3733 at the end of September 2007.

### 3.6 HIV/TB HARMONIZATION

#### 3.6.1 Objectives

The objective is to test all TB<sup>+</sup> patients for HIV and to increase the number of HIV<sup>+</sup> patients with suspected TB to be tested for TB in eight military hospitals. The FY06 Program is planned from January 2007 – January 2008.

#### 3.6.2 FY05 activities, (planned) FY06 activities and budget

Activities & Expenses	PEPFAR FY05 Budget	Actual as at Sept 2007	PEPFAR FY06 Budget	Actual as at Sept 2007	PEPFAR FY05 & 06 budgets	PEPFAR I & II actuals as at Sept'07
	USD	USD	USD	USD		
<b>6. TB and ARV</b>						
<b>Activity A: Commodity procurement</b>						
Procurement of laboratory diagnostic equipment and reagents for TB	0	0	35,976	16,155	35,976	16,155
<b>Activity B: Training</b>						
Train 24 medical officers & nurse counselors and 16 laboratory technicians on HIV/AIDS and TB screening and treatment, according to the guidelines of the NACP TB Unit and the National TB and Leprosy Programme (NTLP)	0	0	45,000	8,557	45,000	8,557
<b>Total TB/ ARV</b>	<b>0</b>	<b>0</b>	<b>80,976</b>	<b>24,712</b>	<b>80,976</b>	<b>24,712</b>

#### 3.6.3 Indicators, Targets and Results February 2006 – September 2007

Indicator	Targets FY06	Results
A1. Number of sites assessed	8	8
A 2. Number of sites and laboratories refurbished and furnished	8	8
C3. Number of individuals trained in PITC	40	24
D4..Number of military sites with a referral agreement with a Regional/ District Hospital	8	8
D5. Number of TB <sup>+</sup> patients referred for HIV testing	600	200
D6. Number of HIV <sup>+</sup> patients referred for TB testing	300	59
D7. Number of patients who are HIV <sup>+</sup> and TB <sup>+</sup>	240	101

### Results per site

	<b>TB<sup>+</sup> referred for HIV screening</b>	<b>HIV<sup>+</sup> referred for TB diagnosisi</b>	<b>TB<sup>+</sup> and HIV<sup>+</sup></b>
Lugalo	122	24	50
Mbalizi	25	18	16
Mwanza	19	15	10
Mirambo	6		2
Bububu			
Songea	10		9
Monduli	10		9
Mzinga	8	2	5
<b>Total</b>	<b>200</b>	<b>59</b>	<b>101</b>

#### 3.6.4 Narrative

Lugalo and Mwanza Hospital are the only two hospitals with a TB-Unit and a separate CTC . In the other six military hospitals patients are seen at the OPD, by clinicians, medical officers and nurse-counselors who see any patient coming to the OPD.

Testing of all TB<sup>+</sup> patients for HIV and a policy to increase the number of HIV<sup>+</sup> patients with suspected TB to be tested for TB was only introduced after extensive refurbishments of the hospitals and after training of 24 clinicians, medical officers and nurse counselors from the hospitals in June 2007. This explains why the numbers of persons who are tested for HIV and for TB are still low. With the uptake of the last three months we do expect that the targets for FY06 will be met by January 2008

#### **Activity A: Infrastructure and procurement of laboratory diagnostic equipment and reagents for TB**

Eight military hospitals have been assessed and equipped for TB diagnostics. All sites have received microscopes, assays and safety gear for TB diagnostic purposes. A container with rooms for counseling of TB patients and a room for TB diagnostics was installed at Lugalo.

#### **Activity B: Training**

24 medical officers & nurse counselors have been trained on HIV/AIDS and TB screening and treatment, according to the guidelines of the NACP TB Unit and the National TB and Leprosy Programme (NTLP)

16 laboratory technicians from the 8 military hospitals will be trained on TB diagnostics in January 2008

**Next steps to increase the TB<sup>+</sup> patients tested for HIV and to increase the number of number of people HIV<sup>+</sup> tested for TB**

- Back-up teams of medical officers and nurse-counselors from each TB unit, CTC and OPD will be trained on TB diagnostics and PITC, in addition to the HIV/TB training in June this year (see above)
- Provider Initiated Testing and Counseling will replace Voluntary Counseling and Testing, in accordance with the Counseling and Testing Guidelines of the MOHSW.
- Nurse counselors and social workers will be trained for HBC and home visits and on doing home visits, to discuss and offer counseling and testing to relatives of any person found TB<sup>+</sup> or HIV<sup>+</sup>.
- Advocacy and sensitization for HIV and TB testing will be organized through Open-House days and through peer education
- Organizations of women living in the barracks will be trained and involved in stimulating TB and HIV testing through home visits and home-based care services. They will provide social support for TB<sup>+</sup> and HIV<sup>+</sup> persons in and outside the barracks.
- With the new HIV/AIDS Policy to make HIV testing an integrated part of the yearly medical check-up for all TPDF personnel tens of health centers and dispensaries and at least 4 mobile centers will be prepared for HIV-testing and TB diagnosis within the military settings or through referral to the military hospitals or to nearby District/Regional hospitals

**3.6.5 Summary**

Testing of all TB<sup>+</sup> patients for HIV and a policy to increase the number of HIV<sup>+</sup> patients with suspected TB to be tested for TB was only introduced after the extensive refurbishments of the hospitals and after training of 24 clinicians, medical officers and nurse counselors from the hospitals in June 2007. Results: 200 TB<sup>+</sup> patients have been referred for HIV testing, 59 HIV<sup>+</sup> patients for TB screening, 101 patients are HIV<sup>+</sup> and TB<sup>+</sup>. FY06 activities are ongoing until January 2008.

### 3.7 MILITARY HIV/AIDS POLICY

#### 3.7.1 Objectives

The objective is to develop an official policy that protects the confidentiality of the sero-status and articulates that their standing in the military will not be affected by this status or their need to access care.

#### 3.7.2 FY05 activities, (planned) FY06 activities and budget

Activities & Expenses	PEPFAR FY05 Budget	Actual as at Sept 2007	PEPFAR FY06 Budget	Actual as at Sept 2007	PEPFAR FY05 & 06 budgets	PEPFAR I & II actuals as at Sept'07
	USD	USD	USD	USD		
<b>7. HIV/AIDS Policy</b>						
<b>Activity A: Development of policy and guidelines</b>						
1. Form a taskforce to review and rewrite the policies	1,552	1,552	0	0	1,552	1,552
2. Collect policy materials	857	858	0	0	857	858
3. Meetings to prepare and agree about the policies	7,071	7,071	0	0	7,071	7,071
4. Writing of the policies	3,739	3,679	0	0	3,739	3,679
5. Printing of materials	0	0	0	0	0	0
6. Dissemination of materials to 28 sites	0	0	0	0	0	0
7. Training/instructing HIV service outlets /programs about the policy and the implementation of the policy	0	0	0	0	0	0
<b>Total Policy</b>	<b>13,219</b>	<b>13,160</b>	<b>0</b>	<b>0</b>	<b>13,219</b>	<b>13,160</b>

#### 3.7.3 Indicators, Targets and Results February 2006 – September 2007

Indicator	Targets FY05	Results
1. A concept Policy is written by a TPDF taskforce	1	1
2. Number of HIV service outlets/programs that will be provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs (HQ, 8 military hospitals, 5 training centres, 14 National Services camps staffed by TPDF) ,	28	-
3. Number of individuals to be informed about policy and/or capacity building, including stigma and discrimination reduction programs	35,000	-

#### **3.7.4 Narrative**

A Taskforce of 9 commanders, administrators, lawyers and public health specialists from TPDF HQ and Lugalo Hospital reviewed medical access policies from different sources (UNAIDS, GTZ, AMREF, FHI and HIV/AIDS policies from workplace programs in the private sector).

A concept HIV/AIDS policy specific to HIV-positive personnel was written from November 2006 – January 2007. The concept Policy safeguards the position of HIV<sup>+</sup> personnel and free access to care in the military. The policy states that HIV-testing will become part of the yearly medical check-up of every serviceman and -woman. (HIV screening is already mandatory at recruitment and for servicemen who apply to be sent-out for peace missions).

Ratification has been postponed until after the appointment of the new Chief of the Defence Forces (September 14, 2007) . A core team from TPDF Headquarters and the Ministry of Defence has reviewed the concept Policy in the week of October 22, 2007. Ratification of the Policy is expected in Q4 of 2007.

**Activity 1.** A Taskforce was formed and a concept HIV/AIDS policy was written in December 2006 and January 2007

#### **Next steps**

**Activity 2.** Once ratified, the Policy will be distributed to HQ, 8 military hospitals, 5 Brigades and its Units, 14 National Services camps staffed by TPDF

**Activity 3.** 40 servicemen will be trained to inform the commanders and others at HQ, in the Brigades and the Units, at the health facilities and the training camps, etc. about the TPDF HIV/AIDS Policy and its implications

**Activity 4.** 30,000 copies of a 2 page flyer with highlights of the Policy will be written, printed and distributed to all servicemen once the Policy is ratified.

#### **3.7.5 Implication of the Policy for the TPDF HIV/AIDS Program**

The Policy states that HIV testing is to be part of the yearly medical check-up of every TPDF serviceman and woman. However, not every serviceman and woman does have a yearly medical check-up because of lack of medical capacity to perform the check-up.

We propose to use part of the FY07 Plus-up funds and FY08 funds to scale-up 25 health centers at training, detachment and border camps, and to use 4 mobile centers with medical teams from the 8 military hospitals, to perform yearly medical check-ups and provide screening of HIV to the whole TPDF workforce.

#### **4. SUMMARY AND CONCLUSIONS**

##### **Context**

The Tanzania Peoples Defense Forces (TPDF) serves 35,000 servicemen and thousands of civilians living in the vicinity of eight military hospitals. Through PEPFAR funding, the U.S Department of Defense (DOD) contracted PharmAccess International (PAI) in 2006 to support TPDF HIV/AIDS programs. Based on HIV/AIDS workplace strategies in the private sector, TPDF in collaboration with PAI has developed a Workplace Program to stem the spread HIV/AIDS in its ranks.

Program activities in the report period February 2006 – September 2007 have been funded under the PEPFAR FY05, Regionalization and the FY06 budget. This report covers all activities for this period. Because of the overlap in FY05 and FY06 activities, it is not always possible to determine which targets in prevention, VCT, PMTCT and care and treatment activities have been accomplished through FY05 or through FY06 funds.

The role of PharmAccess has been to provide technical assistance in the development of the program, to monitor the quality of services and the facilities and to work with a sound financial management systems that guarantees that allocated funds are used for planned activities. Detailed budgets have been allocated to each hospital.

##### **Major objectives, activities and accomplishments in the period Feb. 2006 - Sept. 2007**

##### **Objectives:**

1. to keep TPDF personnel free from HIV/AIDS from recruitment till retirement.
2. to provide care and support to people living with HIV/AIDS (PLWHA) who are in service, and to people living in the vicinity of the TPDF hospitals,
3. to minimize discrimination and stigmatization of PLWHA.

##### **The program has the following interrelated components:**

1. HIV/AIDS prevention,
  - 2.1 Counseling and testing in eight military hospitals
  - 2.2 PMTCT in eight military hospitals
  - 2.3 Care and treatment services in military hospitals
  - 2.4 HIV/AIDS-TB harmonization in eight military hospitals.
3. Development of a TPDF HIV/AIDS Policy

#### **1. HIV/AIDS Prevention**

##### **Activities**

A variety of HIV/AIDS awareness and prevention materials have been developed by and for the TPDF. The books, card games, training materials and DVDs that have been produced can easily be shared with other Uniformed Forces, like Police and Prisons

Training is part of life for all servicemen. Integrating HIV/AIDS prevention and awareness in the existing training curricula and training the trainers is a strategy to

bring HIV/AIDS prevention messages to all servicemen. A HIV/AIDS awareness training of trainers of 4000 recruits is ongoing

## **Results**

384 peer educators have been trained, representing the Navy, the Air Force, the Intelligence Unit and all army Brigades. At least 50% of the peer educators are officers and commanders. Involvement and support from the management is key for the success of any HIV/AIDS workplace program

Open-House days, although limited in number, have been very successful in linking the communities around the military health facilities to its HIV/AIDS and other health services. More than 1600 persons tested for HIV at the occasion of an Open-House weekend

Target of the FY05 Prevention Program was to ‘reach’ all 4,000 recruits, 30,000 military personnel, 90,000 dependents and 80,000 civilians living near the military camps and hospitals. These targets have certainly not been met, partially due to the late start of the prevention activities. We have not been able to quantify the exact numbers of persons reached nor the impact that the activities have. Open-House days may reach thousands of people, however the effect can evidently not be compared with, for instance, individual counseling. A discussion on quantification of numbers and impact of the preventive measures under the PEPFAR program is ongoing.

## **2. Counseling and testing, PMTCT, care and treatment and HIV-TB**

### **Activities**

A major part of the overlapping FY05 and FY06 budgets has been used to train health care staff and to assess, refurbish, furnish and equip eight military hospitals for counseling and testing, PMTCT, care and treatment and HIV/TB services.

**Results** The target of the FY05 plan was to have 8000 persons tested, 4000 pregnant women tested for PMTCT and 500 patients on ARVs (in two military hospitals). The targets for CT and C&T activities have been met: more than 10,000 persons have been tested for HIV in the past 12 months and 3733 patients are now on ARV treatment. This is not just an accomplishment of the FY05 activities. Good part of the results can be attributed to the overlap in the FY05 and FY06 program and budget, for the period February 2007 – September 2007

Refurbishments of four hospitals took 4 –6 months and services came almost to a halt. HIV<sup>+</sup> pregnant women and TB<sup>+</sup> patients were referred to the nearest District or Regional Hospital. The targets for PMTCT and HIV/TB services have therefore not been met (yet). The positive news is that the numbers of people who come for counseling and testing, PMTCT and care or treatment of HIV/AIDS or TB have increased substantially after the refurbishments and after a PITC training for clinicians and nurses in June this year. FY06 activities are ongoing until January 31, 2008.

## **3. Development of an HIV/AIDS Policy for the TPDF**

### **Activities**

A Taskforce of 9 commanders, administrators, lawyers and public health specialists from TPDF HQ and Lugalo Hospital reviewed medical access policies from different sources.

**Results:** A concept HIV/AIDS policy specific to HIV-positive personnel was written from November 2006 – January 2007. The concept Policy safeguards the position of HIV<sup>+</sup> personnel and free access to care in the military. The policy states that HIV-testing will become part of the yearly medical check-up of every serviceman and -woman. Ratification of the HIV/AIDS Policy is expected in Q4 2007. The Policy will have major implications for this Program. At least 25 health centers and 4 mobile centers need to be prepared to put the Policy in place and do yearly medical check-ups, incl HIV-screening, for all 30,000 servicemen –and women

### **Sustainability**

Most costs of this program are for training, for developing and distributing IEC materials. And for investments in infrastructure at the start-up phase of the Program It is therefore expected that the costs per patient will decrease dramatically over time.

Turnover of medical staff is low In the military setting. Once trained, this capacity will stay within the Forces.

PAI will work with military authorities to build local authority's technical and managerial capacity to manage the program as well as incorporate data collection and analysis as part of regular health service planning and management.

Health facilities of the Military Forces are under the administration of the Ministry of Defence, not under the Ministry of Health. The TPDF HIV/AIDS program is implemented under the rules, regulations and guidelines of the National AIDS Program. Training, treatment, treatment guidelines, M&E etc is all part of one large Program

## **5. THE WAY FORWARD**

### **Next steps on HIV prevention**

- Integrate HIV/AIDS awareness in training programs for TPDF recruits and the National Services
- Training of more TOTs on life-skills and gender based violence; training of at least 2 peer educators per Army, Navy and Air Force Unit
- Condom distribution and education services on prevention as part of CT services at post/camp treatment clinics and army camps.

### **Next steps to increase HIV-screening and increase the number of HIV<sup>+</sup> persons on care and treatment**

- Provider Initiated Testing and Counseling to replace Voluntary Counseling and Testing, in accordance with the CT Guidelines of the MOHSW
- Ratification of the TPDF HIV/AIDS Policy to make HIV testing an integrated part of the yearly medical check-up for all TPDF personnel is expected any time now. PharmAccess will work with TPDF to provide comprehensive quality care and treatment services in 8 military hospitals and 25 health centers / satellite sites in FY08

- Advocacy and sensitization for HIV testing to be organized through Open-House days and through peer education programs
- Nurse-counselors from each CTC to be trained on HBC, support of HIV<sup>+</sup> persons and home visits to offer counseling and testing to relatives of any person found HIV<sup>+</sup>
- Collaboration with the Regional and District Hospitals and the RHMTs/DHMTs to promote referrals of patients from the stretched-out Regional and District hospitals to the military sites and referrals of complicated clinical cases from the military hospitals to the Regional and District hospitals.

**Next steps to increase the quality of the clinical and preventive services**

- Re-training and training of back-up teams of health care providers from each CTC TB-unit, OPD and PMTCT-site
- Develop quality assurance procedures and SOPs for the laboratories and the pharmacies
- Supportive supervision of the hospitals by experienced staff from Lugalo, PAI, partner organizations and international (military) experts
- Strengthen linkage with Prevention activities, including promotion of preventive measures and counseling of HIV<sup>+</sup> persons, C&T, TB/HIV and OVC programs. Linkage will improve with RCH activities especially Malaria and Syphilis, family planning and nutritional and child survival program
- Organize Post-test clubs of HIV<sup>+</sup> persons at each test center and camp where testing is provided by mobile centers
- Strengthen linkage with community-based support groups, including women living in the barracks. Increase home-based care services, home-visits and provision of social and nutritional support to accomplish the much needed continuum of care.

## **ANNEX 1, PROFILE PHARMACCESS INTERNATIONAL**

Pharmaccess International (PAI) is a not-for-profit organization with the mission to create and expand access to HIV/AIDS care and therapy in resource-limited settings in a clinically justified way and at a sustainable cost. PAI is founded in 2001 and is based in the Netherlands, Amsterdam.

The PAI projects are both in the private and the public sector and always in cooperation with local partners, including NGO's. The main focus of PAI are private sector initiatives to implement HIV treatment in corporate workplace programs. PAI is the official partner of Heineken International, Coca-Cola, Roche, Diageo, Odebrecht, Celtel and Shell in their 'access to HAART' programs. In the public sector PAI collaborates with the Ministry of Foreign Affairs of the Netherlands, the Ministry of Health and Social Welfare, the Ministry of Home Affairs of Tanzania and the Tanzania Peoples Defence Force. The level of involvement varies from technical assistance, site assessment and training, to the establishment of complete access-to-treatment programs. PAI is involved in implementing HIV treatment programs in 23 African countries.

The country office of PAI Tanzania is established in December 2003. In Tanzania PAI collaborates with the Ministry of Health and Social Welfare and the National AIDS Control Program on the roll-out of the National HIV Care and Treatment Program, specifically in the field of site assessments and M&E of the Program. This activity is funded by the Embassy of the Kingdom of the Netherlands since 2004. Secondly, PAI provides technical assistance to the HIV/AIDS workplace programs of the Tanzania Peoples Defense Force and the Police and Prison Forces. The TPDF program is funded by PEPFAR/US Department of Defense; the program for the Police and Prison Forces by Global Fund/AMREF. Thirdly, in the last quarter of 2007 PAI will launch a subsidized health insurance program for 50-60,000 persons working in the informal sector. The Ministry of Foreign Affairs in the Netherlands sponsors this program.

## **ANNEX 2, ABSTRACT**

### **Tanzania Peoples Defense Forces HIV/AIDS Program, a Workplace Prevention Program in Progress**

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#### **Context**

The Tanzania Peoples Defense Forces (TPDF) serves 35,000 servicemen and thousands of civilians living in the vicinity of eight military hospitals. Through PEPFAR funding, the U.S Department of Defense (DOD) contracted PharmAccess International (PAI) in 2006 to support TPDF HIV/AIDS programs. Based on HIV/AIDS workplace strategies in the private sector, TPDF in collaboration with PAI has developed a workplace program to stem the spread HIV/AIDS in its ranks.

#### **Approach**

Military institutions share many features of a private company, including a hierarchy of functions, investment in training and responsibility for the health status of staff. As in any workplace model, the TPDF program includes a comprehensive package of preventive measures, peer education, access to counseling and testing, and care and treatment. TPDF has introduced HIV/AIDS education in the curricula of all its training institutions. Higher cadre staff has been trained to become peer educators while managers, health staff, trainers and others are involved as implementers and supportive colleagues. The top-down command structure of the military has been used to provide prevention messages among the services men and women. All officers play a role in this effort. Following President Kikwete's' declaration that HIV/AIDS was one of the top priorities for the TPDF, TPDF leadership developed a written Workplace Policy that protects the position of HIV positive personnel in the military.

#### **Outcomes and challenges**

Over the past six months, dedicated IEC and life-skills materials have been developed for the military. Training of peer educators is ongoing. Health care workers have been trained, facilities have been refurbished and lab equipments have been ordered for all sites. Collaboration with community support group to accomplish a continuum of care has been initiated. Detailed budgets have been allocated to each hospital and financial management systems that guarantee that allocated funds are used for planned activities have been put in place. A taskforce of commanders and lawyers has written a concept HIV/AIDS Policy stipulating that HIV testing is a mandatory part of the annual physical exam for all servicemen and women. The implication of this policy is that all TPDF hospitals will need to be prepared to provide treatment as more servicemen and women test positive.

#### **Recommendations**

A workplace program is an effective tool in implementing a comprehensive HIV/AIDS program, not only for private companies but also for uniformed forces like armies, police and prison forces. A clearly stated HIV/AIDS policy that calls for an annual HIV test and protection of the employment of HIV positive personnel is central to reducing infections and stigma in the military. A sound financial management system must be put in place to guarantee proper use of resources.

**Presented at the 2007 OGAC HIV-Implementers' meeting in Kigali, June 17, 2007**

# ANNEX 3, ACTIVITIES, BUDGET AND EXPENDITURES FY05 AND FY06

Total budget TPDF - PAI activities YEAR I & II							
Activities	Expenses	PEPFAR I Revised Budget USD	Actual as at September 2007 USD	PEPFAR II Revised Budget USD	Actual as at September 2007 USD	PEPFAR I & II revised budgets USD	PEPFAR I & II actuals as at Sept'07 USD
<b>1. Prevention</b>							
<b>Activity A: Development and distribution of life skills and IEC materials</b>							
P2.PVN.5, P2.PVN.9	Development, Kiswahili translation, printing of life skills, IEC and GBV materials including peer education modules by the TPDF Prevention Task Force	18,206	18,207	65,216	8,667	83,422	26,874
P2.PVN.8	Productions of two 15 minutes video HIV/AIDS prevention productions	32,505	32,505	21,511	19,433	54,016	51,938
P2.PVN.6	Condom distribution at 30 outlets			23,000	7,001	23,000	7,001
<b>Activity B: Training</b>							
P2.PVN.1	(Re-) training for 24 TOTs on peer education	11,000	11,000	25,500	5,713	36,500	16,714
P2.PVN.2, P2.PVN.3, P2.PVN.4	Training and permanent support of 480 peer educators	34,113	34,112	59,699	16,106	93,812	50,218
	PCs and Beamers for Peer Education Training	20,255	20,319	0	0	20,255	20,319
<b>Activity C: Implementation</b>							
P2.PVN.7	Organize open-house days dedicated to the HIV program in 8 hospitals. Information about the Program will be disseminated at these occasions	11,898	17,361	40,000	0	51,898	17,361
P2.PVN.10	Travel costs	0	0	6,000	0	6,000	0
<b>Activity D: Project Management</b>							
P2.TLC.4	Prevention Project Manager salary cost	0	0	12,028	6,531	12,028	6,531
<b>Total cost Prevention (1)</b>		<b>127,977</b>	<b>133,505</b>	<b>252,954</b>	<b>63,452</b>	<b>380,931</b>	<b>196,957</b>
<b>2. Provider Initiated Testing and Counseling</b>							
<b>Activity A: Infrastructure (16 sites: 8 original sites, 3 satellite sites, 3 additional satellite sites &amp; 2 mobile sites)</b>							
P2.VCT.1	Refurbish 6 satellite sites for VCT purposes	126,069	126,281	132,875	71,348	258,944	197,629
P2.VCT.5	Two (2) mobile centers for outreach services	0	0	70,000	0	70,000	0
<b>Activity B: Commodity procurement</b>							
P2.VCT.2	Refrigerators, cabinets, furniture, coolboxes, lockable cabinets, tents and additional items for 8 hospitals & 6 satellite sites	32,124	26,870	38,567	6,687	70,691	33,557
P2.VCT.3	Annual revolving purchases including HIV and STI testkits costs for 8 hospitals and 6 satellite sites	20,843	7,983	14,000	0	34,843	7,983
P2.VCT.12	Procurement of PCs, Printers, UPS for 6 satellite + 2 mobile VCT sites	9,856	9,856	16,000	0	25,856	9,856
P2.VCT.15	Office supplies	0	0	0	0	0	0
<b>Activity C: Training</b>							
	(Re) Train 56 clinic staff in PITC and data-entry						
P2.VCT.16		62,592	62,592	90,000	0	152,592	62,592
<b>Activity D: Implementation</b>							
	Relate military sites to nearby Military, Regional or District Hospitals for referral (Elisa testing when HIV tests are inconclusive and CD4 testing of HIV+ persons)	4,296	4,296	559	0	4,855	4,296
P2.VCT.19	Promotion materials and brochures	0	0	400	0	400	0
	Travel costs, per diems for counselors & car maintenance for mobile sites	0	0	21,668	0	21,668	0
P2.VCT.20	Travel costs site assessments	0	0	6,000	1,940	6,000	1,940
<b>Activity E: Project Management</b>							
P2.TLC.5	VCT Project Manager salary cost	24,443	24,443	12,480	5,230	36,923	29,673
<b>Total cost VCT (2)</b>		<b>280,223</b>	<b>262,322</b>	<b>402,549</b>	<b>85,204</b>	<b>682,772</b>	<b>347,525</b>
<b>3. Prevention of Mother-To-Child Transmission</b>							
<b>Activity A: Infrastructure (14 sites: 8 original sites, 3 satellite sites &amp; 3 additional satellite sites)</b>							
P2.PMTCT.1	Refurbish 4 original sites and 6 satellite sites for PMTCT purposes	25,800	25,800	42,375	13,361	68,175	39,161
<b>Activity B: Commodity procurement</b>							
P2.PMTCT.2	Refrigerators, cabinets, furniture, coolboxes, lockable cabinets, tents and additional items for 4 hospitals & 6 satellite sites	3,149	3,148	0	0	3,149	3,148
P2.PMTCT.3, P2.PMTCT.5, P2.PMTCT.6	Annual revolving purchases for 14 PMTCT sites including HIV and STI testkits, safety gear and condoms	11,173	9,990	12,072	0	23,245	9,990
<b>Activity C: Training</b>							
P2.PMTCT.4	Train 28 nurse counselors and midwives in PMTCT and data-entry	23,310	23,310	21,678	21,678	44,988	44,988
<b>Activity D: Implementation</b>							
P2.PMTCT.7, P2.PMTCT.9, P2.PMTCT.10	HBC and social support activities	0	0	20,099	0	20,099	0
P2.PMTCT.8	Relate military health centers and camps to nearby Military, Regional or District Hospitals for referrals and testing (Elisa, CD4 and other)	3,303	3,303	0	0	3,303	3,303
P2.PMTCT.11	Travel costs site assessments	0	0	6,000	0	6,000	0
<b>Total cost PMTCT (3)</b>		<b>66,735</b>	<b>65,551</b>	<b>102,224</b>	<b>35,039</b>	<b>168,959</b>	<b>100,591</b>

## Total budget TPDF - PAI activities YEAR I & II

Activities	Expenses	PEPFAR I Revised Budget	Actual as at September 2007	PEPFAR II Revised Budget	Actual as at September 2007	PEPFAR I & II revised budgets	PEPFAR I & II actuals as at Sept'07
		USD	USD	USD	USD	USD	USD
<b>4. Care and Treatment Services</b>							
<b>Activity A: Infrastructure (14 sites: 8 original sites, 3 satellite sites &amp; 3 additional satellite sites)</b>							
P2.ARV.1	Refurbish 5 original sites and 6 satellite sites for Care & Treatment purposes	103,648	103,648	60,500	43,727	164,148	147,375
P2.ARV.4, P2.ARV.5, P2.REG.CTC.2, P2.REG.CTC.3, P2.REG.CTC.4	Equipping laboratories of 6 hospitals for routine monitoring of patients on HAART + CD4 equipment for Mbeya & Mwanza Hospital	149,895	121,616	388,708	348,711	538,603	470,327
<b>Activity B: Commodity procurement</b>							
P2.ARV.2	Refrigerators, cabinets, furniture, coolboxes, locakable cabinets, tents and additional items for 5 hospitals & 6 satellite sites	3,149	3,148	0	0	3,149	3,148
P2.ARV.3	Annual revolving purchases for 14 health facilities			2,633	0	2,633	0
P2.ARV.9, P2.ARV.10	Annual revolving laboratory purchases for 14 health facilities + CD4 supplies for Mbeya & Mwanza hospital	34,036	45,277	68,547	48,802	102,584	94,078
P2.ARV.11, P2.ARV.12, P2.ARV.13, P2.ARV.14	Drugs for Opportunistic Infections: Cotrimoxazol, Prophylactic Fluconazol, Ciprofloxacin, Clarithromycin for 14 health facilities	51,683	51,682	45,000	0	96,683	51,682
P2.REG.CON.2	Infant feeding and other nutritional support	0	0	14,500	0	14,500	0
P2.REG.CTC.9	Procurement of PCs, Printers, UPS for 6 satellite sites	0	0	12,000	0	12,000	0
P2.ARV.8, P2.ARV.15, P2.REG.CON.3	Office supplies and maintenance costs (IT, electricity, water, cleaning, repairs)	515	2,026	20,191	5,110	20,706	7,136
<b>Activity C: Training</b>							
P2.ARV.16	Train 72 medical officers, nurse counselors, laboratory technicians, pharmacy assistants in Care & Treatment	32,276	33,834	75,000	0	107,276	33,834
P2.REG.MES.1	Train 28 staff in data-entry	0	0	3,520	0	3,520	0
P2.REG.HBC.1	Training 30 HBC providers	0	0	25,964	0	25,964	0
<b>Activity D: Implementation</b>							
P2.ARV.18, P2.REG.HBC.8, P2.REG.HBC.12, P2.REG.HBC.15	HBC services, home-visits, establish post-test clubs and peer group support sessions for PLWHA	16,449	16,449	8,697	0	25,146	16,449
P2.REG.CON.9	Overtime allowance	0	0	36,000	15,812	36,000	15,812
P2.REG.MES.4	Travel costs site assessments	0	0	6,000	2,470	6,000	2,470
<b>Activity E: Project Management</b>							
P2.TLC.7	Laboratory specialist salary cost	20,190	20,190	15,096	6,149	35,286	26,339
P2.TLC.8	M&E officer salary cost	0	0	6,750	613	6,750	613
P2.TLC.13	Social Support Officer salary cost	0	0	6,750	0	6,750	0
<b>Total cost ARV Services (4)</b>		<b>411,841</b>	<b>397,871</b>	<b>795,856</b>	<b>471,394</b>	<b>1,207,697</b>	<b>869,266</b>
<b>5. Other Policy</b>							
<b>Activity A: Development of policy and guidelines</b>							
G1	1. Form a taskforce to review and rewrite the policies	1,552	1,552	0	0	1,552	1,552
G2	2. Collect policy materials	857	858	0	0	857	858
G3	3. Meetings to prepare and agree about the policies	7,071	7,071	0	0	7,071	7,071
G4	4. Writing of the policies	3,739	3,679	0	0	3,739	3,679
G5	5. Printing of materials	0	0	0	0	0	0
G6	6. Dissemination of materials to 28 sites	0	0	0	0	0	0
G7	7. Training/instructing HIV service outlets /programs about the policy and the implementation of the policy	0	0	0	0	0	0
<b>Total cost Policy (5)</b>		<b>13,219</b>	<b>13,160</b>	<b>0</b>	<b>0</b>	<b>13,219</b>	<b>13,160</b>
<b>6. TB and ARV</b>							
<b>Activity A: Commodity procurement</b>							
P2.TB.1	Procurement of laboratory diagnostic equipment and reagents for TB	0	0	35,976	16,155	35,976	16,155
<b>Activity B: Training</b>							
P2.TB.4	Train 24 medical officers & nurse counselors and 16 laboratory technicians on HIV/AIDS and TB screening and treatment, according to the guidelines of the NACP TB Unit and the National TB and Leprosy Programme (NTLP)	0	0	45,000	8,557	45,000	8,557
<b>Total cost TB and ARV (6)</b>		<b>0</b>	<b>0</b>	<b>80,976</b>	<b>24,712</b>	<b>80,976</b>	<b>24,712</b>
<b>Total costs</b>		<b>899,994</b>	<b>872,409</b>	<b>1,634,560</b>	<b>679,801</b>	<b>2,534,554</b>	<b>1,552,210</b>

## Total budget TPDF - PAI activities YEAR I & II

Activities	Expenses	PEPFAR I Revised Budget	Actual as at September 2007	PEPFAR II Revised Budget	Actual as at September 2007	PEPFAR I & II revised budgets	PEPFAR I & II actuals as at Sept'07
		USD	USD	USD	USD	USD	USD
<b>PAI management</b>							
	<b>1. Labor costs</b>						
	<b>1a Tanzania labor costs</b>						
P2.TLC.1	Expatriate project manager	152,976	152,976	168,000	108,000	320,976	260,976
P2.TLC.2	Fringe Benefits	29,145	29,783	20,069	13,132	49,214	42,915
P2.TLC.3	Expatriate project manager	0	0	104,560	44,560	104,560	44,560
P2.TLC.3.1	Fringe Benefits	0	0	19,400	922	19,400	922
P2.TLC.6	Technical Support	0	0	24,000	0	24,000	0
P2.TLC.10	Administrator	32,200	32,200	19,874	7,693	52,074	39,893
P2.TLC.11	Financial monitoring, and reporting	29,198	29,198	10,000	0	39,198	29,198
P2.TLC.12	Staff Development/Training	0	0	6,627	624	6,627	624
	<b>1b PAI Headquarters (Amsterdam) labor costs</b>						
P2.ALC.1	Financial audit (Internal/External)	10,010	6,510	10,000	1,976	20,010	8,486
P2.ALC.3	Project management PAI-Headquarters	75,668	75,668	130,291	90,202	205,960	165,869
	<b>2. Office costs Tanzania</b>						
P2.TOC.1	Power	2,745	2,745	2,250	509	4,995	3,254
P2.TOC.2	Petty cash	1,041	1,041	600	0	1,641	1,041
P2.TOC.3	Banking costs	3,881	4,222	1,298	506	5,179	4,728
P2.TOC.4	General office supplies	2,735	2,776	1,050	206	3,785	2,982
P2.TOC.5	Office desks	0	0	4,281	2,357	4,281	2,357
P2.TOC.6	Office chairs	0	0	1,653	713	1,653	713
P2.TOC.7	Internet subscription	4,638	4,638	6,812	2,718	11,450	7,356
P2.TOC.15	IT Investment costs	0	0	15,191	15,191	15,191	15,191
P2.TOC.8	Fax and copier	838	838	5,730	5,280	6,568	6,118
P2.TOC.9	Telephone/courier services	8,756	8,925	8,273	5,964	17,029	14,889
P2.TOC.10	Office management	4,996	4,996	0	0	4,996	4,996
P2.TOC.11	Office rent	13,285	13,285	9,675	3,904	22,960	17,189
P2.TOC.12	Procurement of 4 Laptops	7,299	7,299	6,400	0	13,699	7,299
	<b>3. Transport costs</b>						
	<b>3a. Transport costs Tanzania</b>						
P2.TTC.1	Driver	1,601	1,601	1,612	543	3,213	2,143
P2.TTC.3	Vehicle Maintenance	0	0	1,750	0	1,750	0
P2.TTC.2	Quarterly Supervisory visits & meetings	0	0	24,000	0	24,000	0
P2.TTC.4	Local transport & accommodation	14,303	18,007	15,000	182	29,303	18,188
	<b>3b. Transport costs Amsterdam</b>						
P2.ATC.1	International travel	12,206	12,206	7,570	3,375	19,776	15,581
P2.ATC.2	International travel Amsterdam-Tanzania	7,567	8,063	9,822	5,692	17,389	13,755
P2.ATC.3	Accommodation and subsistence	2,750	2,751	6,744	2,744	9,494	5,495
P2.ATC.4	Local transport	0	0	2,108	108	2,108	108
<b>Total Project Management</b>		<b>417,838</b>	<b>419,726</b>	<b>644,641</b>	<b>317,100</b>	<b>1,062,479</b>	<b>736,826</b>
<b>Total budget versus expenditure PEPFAR year II</b>		<b>1,317,832</b>	<b>1,292,136</b>	<b>2,279,200</b>	<b>996,900</b>	<b>3,597,033</b>	<b>2,289,036</b>